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APPLICANTS

Steven K. Meier, Batavia, IL;

Christopher D. Palm, Naperville, IL;

Steven M. Welsh, Aurora, IL; John K. Burgess, Morristown, NJ;

**** CONTINUING DATA ******* *NONE*
**** FOREIGN APPLICATIONS ******* *NONE*
IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 07/12/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>NS</i>				

ADDRESS

Richard J. Minnich, Esq.
 Fay, Sharpe, Fagan, Minnich & McKee, LLP
 Seventh Floor
 1100 Superior Avenue
 Cleveland, OH
 44114

TITLE

Walsh code allocation/de-allocation system

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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